

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573775

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6				5		
7			1			
8				3		
9				1		
10				1		
11				3		
12			1			
13			1			
14			1			
15				3		
16			1			
17			1			
18			1			
19				3		
20			1			
21			1			
22			1			
23				3		
24				3		
25				3		
26				3		
27				3		
28			1			
29			1			
30			1			
31				6		
32				3		
33				1		
34				6		
35			1			
36			1			
37			1			
38				3		
39				3		
40				3		
41			1			
42			1			
43			1			
44				3		
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				6		
52				4		
53				2		
54				4		
55				6		
56			1			
57			1			
58				1		
59				1		
60				1		
61				1		
62				2		
63				2		
64				0		
65				0		
66				0		
67				0		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	32	↓		↓
TOTAL DEP.		←	95	←		←
TOTAL CLAIMS			127			